Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620)-2501			ue to School (
Elementary District Re	sponsible for Re	eimbursing the	Contract		Co	ounty		Legal Entity
Lewistown Elem	า				l F	ergus		0258
High School or K-12 D		ole for Reimbu	rsing the Con	tract		ounty		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying for (If yes, please attact ISOLATION: Section	h explanation))	□ No	mburaamant	Student	Name	School	Grade
rates for special circun increased rates, individual trustees of the district,	ation of resident ces must be resportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Student	Name	School	Grade	
Check here only if incr	Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Student	Name	School	Grade
HS District Approval County Approval	,	□ no □ no				ONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st S	1-12 Semester Only	□ 2nd Semester On	ly □ Both Semesters
Carl & Kaylene	Patten				Pre-kind	dergarten/Kinder	raarten	
Physical Address (s	treet address	only):						ly Both Semesters
Distance from home Elementary 3.5 Distance from home Elementary 0 Contract is for o Students in Each Grade L	HS 0 e to nearest bu HS 0 ne-way only	us stop, if any	y (one way)	is contract.	Kinders by this To or fro To or fro Kinders To or fro To or fro Deadl	garten child rid contract: om Bus Stop om School garten child rid om Bus Stop om School	times per day, times per day, es <u>without</u> other scho times per day, times per day,	days per week days per week ool-age students: days per week days per week days per week days per week
	Pre-K	К	1-8	9-12	PAREN	ITS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERK files.	S: Send origina	I to County Supt by Ju	ly 1, retain a copy for your
Regular Trans						Y SUPERINTEI	NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans						r your files.	_	
Room & Board							EIMBURSEMENT R trict, county and OP	
Correspondence						, ,	,	3,
Reg. Contingency						Reimb	ursement rate is deter	mined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement betweer	n parent (parei	nt name)			, and sc	hool district (dist	rict name)	,
(county name) The parties agree as follow	WS:			County, hereinat	fter referred to	as the District(s)		
 The parent shall tra 	ansport or provide			o and from the school				dian assures that a licensed and
	, the District shall p							umber of days the student(s) was
The payment shall	be computed on the			ned in Section 20-10-				
Elementary School			ard of Truste					Date
Lewistown Elem High School District	:	Chair, Boa	ard of Truste	es				Date
			Lattes	t that the above	information is t	rue and correct		
Signature - Parent or	Guardian		i alles	נ נווסג נווכ מטטעפ	iiiioiiiialioii is l	ruc anu contect.	Date	
-ignatare raicili di	- 441 41411						2410	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	x 202501 a, MT 59620	-2501		Du	e to School	ol Clerk June 1			
Elementary District Resp	onsible for Re	imbursing the	Contract			County	I	Legal Entity	
Lewistown Elem						Fergus		0258	
High School or K-12 Dis	trict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?				<u>'</u>	
Are you applying for i			□ No		Stud	ent Name	School	Grade	
(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142, MCA	, provides for	increased rein	nbursement					
increased rates, individu trustees of the district, the	rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						School	Grade	
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						ent Name	School	Grade	
Elem District Approval		no	itials		Stud	ent Name	School	Grade	
HS District Approval County Approval	,	□ no □ no			THIS	CONTRACT IS FO	DR:		
Parent or Guardian N					Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Jennifer L. Collin	s					·	ĺ		
Physical Address (street address only):						kindergarten/Kinder st Semester Only		/ □ Both Semesters	
Distance from home to Elementary 17.8 Distance from home to Elementary 5.3 Contract is for one	Distance from home to nearest school (one way) Elementary 17.8 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 5.3 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency						times per day, tool Clerk June 1.	days per week days per week days per week ol-age students: days per week	
insured driver will tra In March and June, the transported for the pa The payment shall be This contract shall te Elementary School D	sport or provide t nsport the studer he District shall p ast semester. e computed on th rminate at the en	ransportation for the state of the state of the state of the school of t	r the student(s) to tracts are valid o e sum officially al	County, hereinaf o and from the school only when transportation opproved in the applicated ed in Section 20-10-1 student(s) is no longer	or bus stop on on for the distar ation upon certif	nce reported on the contra	session. The parent or guardict actually occurs. incipal of the school of the nur	ian assures that a licensed and inber of days the student(s) was	
Lewistown Elem High School District		Chair, Boa	Chair, Board of Trustees Date						
		, = 0							
01			I attest	that the above	information	is true and correct.			
Signature - Parent or G	iuardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620)-2501	Due to	School Clerk June 1			
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity	
Lewistown Elem			Fergus		0258	
High School or K-12 District Responsib	ole for Reimbursing the Cont	ract	County		Legal Entity	
Is this contract shared between el □ yes □ no	ementary and high school	ol?	<u> </u>			
Are you applying for isolation state			Student Name	School	Grade	
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	A, provides for increased rein					
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ces must be reviewed and apsportation committee, and the	proved by the	Student Name	School	Grade	
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	proved by the	Student Name	School	Grade	
HS District Approval ☐ yes	Initials □ no □ no		Student Name	School	Grade	
County Approval	□ no		THIS CONTRACT IS FOR Grades 1-12	<u>:</u>		
Parent or Guardian Name: (Pleas	e Pilili)		☐ 1st Semester Only	2nd Semester Only	☐ Both Semesters	
Melinda F. Thayne Physical Address (street address	only):		Pre-kindergarten/Kinderga 1st Semester Only		□ Both Semesters	
Distance from home to nearest so Elementary 8 HS 0 Distance from home to nearest but Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	us stop, if any (one way)	s contract. 9-12 Total	(For distric	times per day, times per day, times per day, without other schoo times per day, l Clerk June 1.	days per week days per week l-age students: days per week days per week days per week 1, retain a copy for your to OPI by July 10, retain a	
insured driver will transport the studer In March and June, the District shall part transported for the past semester. The payment shall be computed on the	transportation for the student(s) to nts. Mileage contracts are valid c pay the parent the sum officially a ne basis of the schedule establish	County, hereinafter r o and from the school or bu only when transportation for pproved in the application to the din Section 20-10-142, N student(s) is no longer enri	metered to as the District (district referred to as the District(s). It is stop on the days when school is in set if the distance reported on the contract a upon certification by the teacher or prince of the distance reported on the contract and the order of the distance reported on the contract and the order of the distance of the	ession. The parent or guardia actually occurs. cipal of the school of the numl		
High School District	Chair, Board of Truste	r, Board of Trustees Date				
	I attes	t that the above infor	rmation is true and correct.			
Signature - Parent or Guardian				Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620)-2501			ue to School C			
Elementary District Re	sponsible for Re	eimbursing the	Contract		Co	ounty	<u> </u>	Legal Entity
Deerfield Elem					Fe	ergus		0264
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract		ounty		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying fo			□ No		Student	Name	School	Grade
(If yes, please attact ISOLATION: Section	20-10-142, MCA	A, provides for	increased rein	mbursement]			
rates for special circur increased rates, individual trustees of the district,	dual circumstand	ces must be re-	viewed and a	oproved by the	Student	Name	School	Grade
Public Instruction. (10.				e Office of	Student	Nama	School	Crada
Check here only if incr District Trustees and t		sportation Com	mittee.	pproved by the	Student	ivame	School	Grade
Elem District Approval HS District Approval		Ini □ no □ no	tials		Student	Name	School	Grade
County Approval		□ no				ONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st S	1-12 emester Only	□ 2nd Semester On	ly Both Semesters
Lisa Lucas					Pre-kind	lergarten/Kinder	rgarten	
Physical Address (s	treet address	only):						ly Both Semesters
							KINDERGARTEN:	
Distance from home	e to nearest so	hool (one wa	ay)			garten child rid contract:	es <u>with</u> other school-	age students also covered
Elementary 17	HS 0				To or fro	om Bus Stop	times per day,	days per week days per week
Distance from home Elementary 4	e to nearest bu HS 0	ıs stop, if any	(one way)		Kinderg To or fro	garten child ride om Bus Stop	es <u>without</u> other scho times per day, __	ool-age students: days per week
□ Contract is for o	ne-way only				To or fro	om School	times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadl		and Olamba haran 4	
	Pre-K	K	1-8	9-12	PAREN	15: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERK	S: Send origina	I to County Supt by Ju	ly 1, retain a copy for your
Regular Trans					COUNT	Y SUPERINTE	NDENTS: Send origin:	al to OPI by July 10, retain a
Spec. Ed. Trans						your files.	TD LITTO: Gond ongine	ar to or r by oary ro, rotain a
Room & Board							EIMBURSEMENT R	
Correspondence						(FOI dis	trict, county and OPI	ruse only)
Reg. Contingency						Reimb	ursement rate is deteri	 mined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	n parent (pare	nt name)			, and scl	hool district (dist	rict name)	
	. pa. o (pa. o.					`	, 	······································
(county name) The parties agree as follow				County, hereinat		` ,		
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid	only when transportati	ion for the distance re	eported on the contra	ct actually occurs.	dian assures that a licensed and
transported for the	past semester.		•		·	,	·	umber of days the student(s) was
This contract shall	terminate at the er			ned in Section 20-10- student(s) is no long				
Elementary School Deerfield Elem	District	Chair, Boa	ard of Truste	es				Date
High School District	:	Chair, Boa	ard of Truste	es				Date
		1	I attes	t that the above	information is to	rue and correct		I
Signature - Parent or	Guardian						Date	
							i	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Res	ponsible for Re	eimbursing the	Contract		County	<u>'</u>	Legal Entity
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Grass Range H	S				Fergus		0269
Is this contract share □ yes □ no	d between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attach	explanation))	□ No		Student Name	School	Grade
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	stances of isola ual circumstand he county trans	ation of resident ces must be resportation com	ice. In order to viewed and appoint and the mittee, and the contraction in the contractio	o receive oproved by the	Student Name	School	Grade
Check here only if incre	ased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	□ yes		tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian N	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Karen Matovich Physical Address (st	root addraga	only):			Pre-kindergarten/Kinder		
Filysical Address (st	reet address	Offiy).			 1st Semester Only KINDERGARTEN/PRE 		y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on	HS 10 to nearest bu HS 7	·			Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,tes without other schotimes per day,times per day,	days per week days per week days per week ol-age students: days per week days per week days per week
Students in Each Grade Le	vel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to Sch	and Clark June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina		y 1, retain a copy for your
Regular Trans					files.	UDENTS: Sond origina	ıl to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.	TOENTS. Send ongina	into OFT by July 10, Tetalit a
Room & Board					RI	EIMBURSEMENT RA	
Correspondence Reg.							
Contingency Spec. Ed. Contin.					Reimb	ursement rate is detern 20-10-142, MCA.	nined by
opec. Ed. Contini							
Agreement between	parent (parei	nt name)			, and school district (dist	rict name)	,,
insured driver will tra 2. In March and June, transported for the p 3. The payment shall be	nsport or provide to ansport the studer the District shall p past semester. the computed on the	nts. Mileage con pay the parent the ne basis of the so	the student(s) to tracts are valid of e sum officially a shedule establish	o and from the schoo only when transportat pproved in the applic ned in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is in ion for the distance reported on the contration upon certification by the teacher or pure the contration accompanies of the contration	n session. The parent or guard ct actually occurs. vincipal of the school of the nur ying this contract.	
Elementary School D			Chair, Board of Trustees Date				
High School District Grass Range H S		Chair, Boa	ard of Truste	es			Date
			l attes	t that the above	information is true and correct.		
Signature - Parent or 0	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620	0-2501	Г	Oue to School Clerk June 1			
Elementary District Responsible for Re	eimbursing the Con	tract	County	l	Legal Entity	
Grass Range Elem			Fergus		0268	
High School or K-12 District Responsi	ble for Reimbursing	the Contract	County		Legal Entity	
Is this contract shared between e □ yes □ no	lementary and hi	gh school?	•			
Are you applying for isolation stat	tus? 🗆 Yes 🏻	□ No	Student Name	School	Grade	
(If yes, please attach explanation ISOLATION: Section 20-10-142, MC/) A. provides for incre	eased reimbursement		301001	Orace	
rates for special circumstances of isola increased rates, individual circumstan	ation of residence. ces must be review	In order to receive ed and approved by the	Student Name	School	Grade	
trustees of the district, the county tran Public Instruction. (10.7.116 ARM pro						
Check here only if increased payment District Trustees and the County Trans			Student Name	School	Grade	
Elem District Approval □ yes	Initials		Student Name	School	Grade	
	□ no □ no		THIS CONTRACT IS FO	DR:		
Parent or Guardian Name: (Pleas	se Print)		Grades 1-12 ☐ 1st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters	
Diane R. Livingston				ĺ		
Physical Address (street address	only):		Pre-kindergarten/Kinder□ 1st Semester Only		/ □ Both Semesters	
			KINDERGARTEN/PREI			
Distance from home to nearest so	chool (one way)		Kindergarten child ride by this contract:	es <u>with</u> other school-a	ge students also covered	
Elementary 3.5 HS 0			To or from Bus Stop	times per day, _	days per week	
Distance from home to nearest be Elementary 0 HS 0	us stop, if any (or	ne way)	Kindergarten child ride To or from Bus Stop	es <u>without</u> other school times per day, _	days per week pl-age students: days per week days per week days per week	
☐ Contract is for one-way only			To or from School	times per day, _	days per week	
Students in Each Grade Level - Only include	the students to be cov	vered by this contract.	Deadlines:	a al Olamba bura a 4		
Pre-K		1-8 9-12	PARENTS: Due to Sch			
Total	Total T	otal Total	CLERKS: Send origina files.	I to County Supt by July	/ 1, retain a copy for your	
Regular Trans			COUNTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a	
Spec. Ed. Trans			copy for your files.	DENTO: Ocha ongina	Tto Of Fby duty To, Tetain a	
Room & Board				EIMBURSEMENT RA		
Correspondence			(For dist	rict, county and OPI	use only)	
Reg.			_			
Contingency			Reimbi	ursement rate is determ 20-10-142, MCA.	nined by	
Spec. Ed. Contin.						
Agreement between parent (pare	nt name)		, and school district (dist	rict name)	······································	
(county name)		County, herein	after referred to as the District(s).			
			ool or bus stop on the days when school is in ation for the distance reported on the contra		an assures that a licensed and	
			lication upon certification by the teacher or p		nber of days the student(s) was	
The payment shall be computed on t			0-142, MCA, and the information accompany nger enrolled in school, whichever occurs firs			
Elementary School District Grass Range Elem	Chair, Board o	of Trustees			Date	
High School District	Chair, Board o	Chair, Board of Trustees Date				
		I attest that the abov	e information is true and correct.		1	
Signature - Parent or Guardian				Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, N	иг 59620-29	501		Du	e to Scho	ol Clerk June 1		
Elementary District Respon-	sible for Reim	bursing the	Contract			County	<u> </u>	Legal Entity
Grass Range Elem						Fergus		0268
High School or K-12 District	t Responsible	for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared be ☐ yes ☐ no	etween elem	nentary an	d high schoo	ol?				
Are you applying for isol		? □ Yes	□ No		Stuc	dent Name	School	Grade
(If yes, please attach ex ISOLATION: Section 20-10	planation) 0-142, MCA, p	provides for	increased rein	nbursement	Otac	icht ivanic	CCHOOL	Clade
rates for special circumstan increased rates, individual c trustees of the district, the c	rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						School	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						lent Name	School	Grade
Elem District Approval	Initials Elem District Approval □ yes □ no						School	Grade
County Approval						<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
Parent or Guardian Nam	ne: (Please F	Print)				st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
Jill Smith Physical Address (street address only):						kindergarten/Kinder st Semester Only	garten □ 2nd Semester Only	<i>y</i> □ Both Semesters
Contract is for one-w Students in Each Grade Level -	HS 0 nearest bus s HS 0 //ay only Only include the Pre-K Total	stop, if any	r (one way) re covered by this Total	9-12 Total	Mine To co To co PAF CLE files	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho RENTS: Send original or for your files. RENTS: REIMBI	times per day,times per day,	days per week days per week 7 1, retain a copy for your I to OPI by July 10, retain a ATE use only)
insured driver will transp. In March and June, the E transported for the past s. The payment shall be co.	rt or provide tran ort the students. District shall pay semester. Imputed on the b nate at the end o	isportation for Mileage con the parent the pasis of the so of the school y	the student(s) to tracts are valid of e sum officially ap thedule establish	County, hereinaft o and from the school nly when transportatic oproved in the applica ed in Section 20-10-1 student(s) is no longe	or bus stop on on for the dista ation upon certi 42, MCA, and	nce reported on the contract	session. The parent or guardi ct actually occurs. incipal of the school of the nun ing this contract.	an assures that a licensed and nber of days the student(s) was
Grass Range Elem High School District		Chair, Board of Trustees Date						
riigii Gollooi Distilot		State of Macteor						
			I attest	that the above i	information	is true and correct.		
Signature - Parent or Gua	rdian						Date	

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620			_	chool Year 2005- 2006 e to School Clerk June 1				
Elementary District Res	ponsible for Re	eimbursing the C	ontract		County	•	Legal Entity		
Grass Range Ele					Fergus		0268		
High School or K-12 Dis	strict Responsit	ole for Reimburs	ing the Cont	ract	County		Legal Entity		
Grass Range H	S				Fergus		0269		
Is this contract share ☐ yes ☐ no	d between el	ementary and	high school	ol?					
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)		□ No	phyroment	Student Name	School	Grade		
rates for special circums increased rates, individual trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	tion of residences must be review of the second sec	e. In order to ewed and ap ittee, and the	proved by the	Student Name	School	Grade		
Check here only if incre District Trustees and the	ased payment	due to isolation	has been ap	proved by the	Student Name	School	Grade		
Elem District Approval HS District Approval		Initia □ no □ no	als 		Student Name	School	Grade		
County Approval	□ yes	no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian N	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters		
Kaylene McKay Physical Address (st	root addroos	only):			Pre-kindergarten/Kinder				
Filysical Address (st	reet address	Offig).			☐ 1st Semester Only KINDERGARTEN/PRE		y Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on Students in Each Grade Let Regular Trans Spec. Ed. Trans Room & Board Correspondence	HS 31 to nearest bu HS 11 e-way only	is stop, if any	(one way)	s contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTEN copy for your files.	times per day,times per day, times per day, es without other schotimes per day, times per day, ool Clerk June 1. I to County Supt by July	days per week days per week days per week		
Reg. Contingency Spec. Ed. Contin.					Reimb	ursement rate is detern 20-10-142, MCA.	nined by		
insured driver will tra 2. In March and June, transported for the p 3. The payment shall be	s: asport or provide to an sport the studenthe District shall past semester. e computed on the studenthe District shall past semester.	rransportation for the state of the say the parent the say the basis of the sche	ne student(s) to acts are valid o sum officially a edule establish	and from the school of nly when transportation oproved in the applicate ed in Section 20-10-14	, and school district (dist er referred to as the District(s). or bus stop on the days when school is ir in for the distance reported on the contra- tion upon certification by the teacher or p 12, MCA, and the information accompany enrolled in school, whichever occurs fire	n session. The parent or guard ct actually occurs. rincipal of the school of the nur ying this contract.			
Elementary School D		Chair, Boar					Date		
Grass Range Elem High School District Grass Range H S		Chair, Board	d of Truste	es			Date		
		<u>• </u>	I attest	that the above in	nformation is true and correct.				
Signature - Parent or 0	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620			_	school Year 200 e to School Cle			
Elementary District Res	ponsible for Re	eimbursing the C	Contract		Cour	nty	•	Legal Entity
Grass Range Ele High School or K-12 Dis	em strict Responsib	ole for Reimburs	sing the Cont	ract	Fer Cour	gus nty		0268 Legal Entity
Grass Range H	-				Fer	gus		0269
Is this contract share ☐ yes ☐ no	d between el	ementary and	high school	ol?				
Are you applying for (If yes, please attach	explanation)		□ No		Student N	lame	School	Grade
rates for special circum increased rates, individu trustees of the district, t	ation of residences must be revi sportation comm	e. In order to lewed and ap hittee, and the	o receive oproved by the	Student N	lame	School	Grade	
Public Instruction. (10.7 Check here only if incre District Trustees and the	ased payment	due to isolation	has been ap	proved by the	Student N	lame	School	Grade
Elem District Approval	□ yes	Initia □ no			Student N	lame	School	Grade
HS District Approval County Approval		□ no □ no				NTRACT IS FO	DR:	
Parent or Guardian N	Name: (Pleas	e Print)			Grades 1- □ 1st Sei	-12 mester Only	☐ 2nd Semester Only	y Both Semesters
Lawrence LaFra					Pre-kinde	rgarten/Kinder	garten	
Physical Address (st	reet address	only):						y
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg.	HS 27 to nearest bu HS 7	is stop, if any	(one way)	s contract. 9-12 Total	Kinderga by this co To or from To or from Kinderga To or from To or from To or from Deadlin PARENTS CLERKS: files.	rten child ride contract: n Bus Stop n School rten child ride n Bus Stop n School sch	times per day,times per day,times per day,tes without other schotimes per day,times per day,times per day,tool Clerk June 1. I to County Supt by July IDENTS: Send original EIMBURSEMENT RATICL, county and OPI	use only)
Contingency Spec. Ed. Contin.						Reimb	ursement rate is detern 20-10-142, MCA.	nined by
Agreement between parent (parent name)								
	e computed on th				42, MCA, and the info			
Elementary School D Grass Range Elem		Chair, Boar						Date
High School District Grass Range H S		Chair, Boar	d of Truste	es				Date
			I attest	t that the above i	information is tru	e and correct.		
Signature - Parent or	Guardian						Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

Contract #

PO Box 202501 Helena, MT 59620			chool Year 2005- 2006 to School Clerk June 1		
Elementary District Responsible for Re	imbursing the Cor	ntract	County	,	Legal Entity
Grass Range Elem			Fergus		0268
High School or K-12 District Responsib	le for Reimbursing	g the Contract	County		Legal Entity
Grass Range H S			Fergus		0269
Is this contract shared between ele⊔yes □ no	ementary and h	igh school?			
Are you applying for isolation statu (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA		□ No	Student Name	School	Grade
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans. Public Instruction. (10.7.116 ARM prov	tion of residence. es must be review portation committe	In order to receive yed and approved by the ee, and the Office of	Student Name	School	Grade
Check here only if increased payment of District Trustees and the County Trans	due to isolation ha	is been approved by the	Student Name	School	Grade
	Initials no		Student Name	School	Grade
County Approval	no		THIS CONTRACT IS FO Grades 1-12	<u>DR:</u>	
Parent or Guardian Name: (Please	e Print)		☐ 1st Semester Only	□ 2nd Semester Only	☐ Both Semesters
Paul Descheemaeker			Pre-kindergarten/Kinder		
Physical Address (street address	only):		☐ 1st Semester Only	□ 2nd Semester Only	☐ Both Semesters
Distance from home to nearest sc Elementary 0 HS 17 Distance from home to nearest but Elementary 0 HS 5.2 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	s stop, if any (or the students to be co		by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send original files. COUNTY SUPERINTEN copy for your files. RE (For dist	times per day, times per day times per day times per day,	days per week days per week 1, retain a copy for your to OPI by July 10, retain a TE use only)
insured driver will transport the studer 2. In March and June, the District shall p transported for the past semester. 3. The payment shall be computed on th	ransportation for the tts. Mileage contract ay the parent the sun e basis of the schedu	student(s) to and from the school or s are valid only when transportation n officially approved in the application ale established in Section 20-10-14.	, and school district (dister referred to as the District(s) r bus stop on the days when school is in for the distance reported on the contra on upon certification by the teacher or p 2, MCA, and the information accompany enrolled in school, whichever occurs fire	n session. The parent or guardia ct actually occurs. rincipal of the school of the num ying this contract.	
Elementary School District Grass Range Elem	Chair, Board				Date
High School District Grass Range H S	Chair, Board	of Trustees			Date
		I attest that the above in	formation is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

_				
Co	nt	ro	^ +	-

PO Box	202501 MT 59620-			-	School Year 2005- 2 ue to School Clerk Ju		
Elementary District Respon	nsible for Rei	mbursing the	Contract		County		Legal Entity
High School or K-12 Distric	ct Responsibl	le for Reimbu	rsing the Conf	tract	County		Legal Entity
Moore H S					Fergus		0274
Is this contract shared to □ yes □ no	oetween ele	ementary an	d high school	ol?			
Are you applying for isc (If yes, please attach ex ISOLATION: Section 20-1	(planation)		□ No	mhuraamant	Student Name	School	Grade
rates for special circumstai increased rates, individual trustees of the district, the Public Instruction. (10.7.11	nces of isolat circumstance county transp	tion of resider es must be re portation com	nce. In order to viewed and appropriate or income the contract of the contract	o receive oproved by the	Student Name	School	Grade
Check here only if increase District Trustees and the C	ed payment d	lue to isolatio	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		Ini I no I no	itials 		Student Name	School	Grade
County Approval	yes	no			THIS CONTRA Grades 1-12	ACT IS FOR:	
Parent or Guardian Nar	me: (Please	e Print)			☐ 1st Semeste	er Only	Only Doth Semesters
Steve Clark Physical Address (street	et address o	only).				en/Kindergarten er Only □ 2nd Semeste	CON. Dath Competers
, 6.64 / 144 666 (64.66		, ,.				•	•
Distance from home to Elementary 0 Distance from home to Elementary 0	HS 16	·			Kindergarten of by this contract To or from Bus To or from Scholar Kindergarten of To or from Bus	ct: Stop times per cool times per cochild rides without other stop times per co	ay, days per week ay, days per week ay, days per week school-age students: ay, days per week
□ Contract is for one-	way only					ooi times per d	ay, days per week
Students in Each Grade Level	Only include to	he students to b	e covered by the	is contract.	Deadlines: PARENTS: Du	ue to School Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Sen	nd original to County Supt b	y July 1, retain a copy for your
Regular Trans						ERINTENDENTS: Send or	riginal to OPI by July 10, retain a
Spec. Ed. Trans					copy for your fil		
Room & Board						REIMBURSEMEN (For district, county and	
Correspondence Reg.							
Contingency Spec. Ed. Contin.						Reimbursement rate is d 20-10-142, MC	
Agreement between pa	rent (paren	t name)			, and school dis	strict (district name)	,
insured driver will trans In March and June, the transported for the past The payment shall be c	oort the student District shall pa semester. omputed on the	ts. Mileage con ay the parent the e basis of the so	r the student(s) to stracts are valid of e sum officially a chedule establish	o and from the school only when transportati approved in the applicated in Section 20-10-	ion for the distance reported or	n school is in session. The parent or in the contract actually occurs. teacher or principal of the school of a accompanying this contract.	guardian assures that a licensed and the number of days the student(s) was
Elementary School Dist	rict	,	ard of Truste				Date
High School District Moore H S		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and		
Signature - Parent or Gua	ardian					Date	

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	i Public Inst (202501 , MT 59620			_	chool Year 2005- 2006 e to School Clerk June 1		
Elementary District Resp	onsible for Re	imbursing the C	Contract		County	<u>'</u>	Legal Entity
High School or K-12 Distr	rict Responsib	le for Reimburs	sing the Cont	ract	County		Legal Entity
Roy K-12 Schools	5				Fergus		0280
Is this contract shared □ yes □ no	between el	ementary and	high school	ol?			
Are you applying for is (If yes, please attach e ISOLATION: Section 20	explanation)		□ No	phureomont	Student Name	School	Grade
rates for special circumst increased rates, individua trustees of the district, the Public Instruction. (10.7.1	ances of isola al circumstance county trans	tion of residences must be revi	e. In order to ewed and ap littee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increase District Trustees and the		portation Comm	nittee.	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		Initia □ no □ no	als 		Student Name	School	Grade
	□ yes □	□ no			THIS CONTRACT IS FO Grades 1-12	<u>DR:</u>	
	ame. (Fieasi	e Fillit)			☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Carmel Wright Physical Address (stre	eet address	only):			Pre-kindergarten/Kinder □ 1st Semester Only		y Both Semesters
Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one Students in Each Grade Leve Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 9.2 o nearest bu HS 9.2 -way only	s stop, if any	(one way)	s contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTEN copy for your files. RE (For dist	times per day,times per day,times per day,es without other schotimes per day,times per day,times per day,tool Clerk June 1.	days per week da
insured driver will tran 2. In March and June, th transported for the pa 3. The payment shall be	port or provide t sport the studer e District shall p st semester. computed on th minate at the en	ransportation for the state of the parent the state basis of the sche	he student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportatio opproved in the applicated in Section 20-10-14 student(s) is no longer	, and school district (district referred to as the District(s). or bus stop on the days when school is in on for the distance reported on the contration upon certification by the teacher or p 42, MCA, and the information accompany renrolled in school, whichever occurs first	session. The parent or guard ct actually occurs. rincipal of the school of the nur	
High School District		Chair, Boar					Date
Roy K-12 Schools		,			nformation is two and some		
Signature - Parent or G	uardian		ı attest	triat the above ii	nformation is true and correct.	Date	
-						1	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	0-2501			chool Year 2005- 200 e to School Clerk Jun		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Roy K-12 School					Fergus		0280
Is this contract shar ☐ yes ☐ no	ed between e	lementary an	d high scho	ol?			
Are you applying fo (If yes, please attact ISOLATION: Section	h explanation)	□ No	mhureamant	Student Name	School	Grade
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isolo dual circumstand the county trans	ation of resident ces must be resportation com	nce. In order to viewed and appoint and the mittee, and the mittee, and the mittee, and the mittee, and the mittee.	o receive oproved by the	Student Name	School	Grade
Check here only if inconstruct Trustees and t	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval		□ no	tials 		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT	ΓIS FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester 0	Only 2nd Semester Onl	y Both Semesters
Cathy Whitney Physical Address (s	street address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 14.5 e to nearest by HS 3.1 ne-way only evel - Only include Pre-K Total	the students to b	y (one way) De covered by th 1-8 Total	9-12 Total	Kindergarten chi by this contract: To or from Bus St To or from School Kindergarten chi To or from Bus St To or from School Deadlines: PARENTS: Due CLERKS: Send of files. COUNTY SUPER copy for your files	times per day, to School Clerk June 1. Toriginal to County Supt by July to School Clerk June 1. PREIMBURSEMENT Ror district, county and OPI Reimbursement rate is determed 20-10-142, MCA.	days per week days per week days per week pol-age students: days per week dy 1, retain a copy for your al to OPI by July 10, retain a
insured driver will In March and June transported for the The payment shall This contract shall	ws: ansport or provide transport the stude t, the District shall past semester. be computed on ti terminate at the e	transportation for nts. Mileage con cay the parent the the basis of the so and of the school y	the student(s) tracts are valid de sum officially a	o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as the Dist or bus stop on the days when sc on for the distance reported on th	trict(s). hool is in session. The parent or guarde contract actually occurs. cher or principal of the school of the nucompanying this contract.	mber of days the student(s) was
Elementary School		Chair, Boa	ard of Truste	es			Date
High School District Roy K-12 Schools	t	Chair, Boa	ard of Truste	es			Date
			l attes	t that the above i	information is true and co	prrect.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1			
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	tract	County		Legal Entity	
Roy K-12 School	ols				Fergus		0280	
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high school	ol?				
Are you applying for (If yes, please attach	n explanation))	□ No		Student Name	School	Grade	
rates for special circum increased rates, individ trustees of the district,	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name	School	Grade	
Public Instruction. (10.7) Check here only if incredibitrict Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade	
Elem District Approval	□ yes		tials		Student Name School Grade			
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS FO	OR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	y Both Semesters	
David Petranek Physical Address (st	troot addroos	only):			Pre-kindergarten/Kinder			
Filysical Address (si	ireet address	Offiy).			□ 1st Semester Only KINDERGARTEN/PRE	·	y Both Semesters	
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or	HS 19.8 to nearest bu HS 5	`			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,es without other schooltimes per day,	days per week days per week days per week ol-age students: days per week days per week days per week	
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	is contract.	Deadlines: PARENTS: Due to Sch	and Clark June 4		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina		y 1, retain a copy for your	
Regular Trans					files.	NDENTS: Sond origina	I to OPI by July 10, retain a	
Spec. Ed. Trans					copy for your files.	TDENTS. Send origina	Tio OFT by July 10, Tetalit a	
Room & Board					RI	EIMBURSEMENT RA		
Correspondence Reg.								
Contingency Spec. Ed. Contin.					Reimb	ursement rate is determ 20-10-142, MCA.	nined by	
Agreement between	parent (pare	nt name)			, and school district (dist	rict name)		
insured driver will tr 2. In March and June, transported for the 3. The payment shall	nsport or provide transport the studenthe District shall past semester.	nts. Mileage con pay the parent the	the student(s) to stracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat approved in the applicated in Section 20-10-	of the referred to as the District(s) of or bus stop on the days when school is in the distance reported on the contraction upon certification by the teacher or present the contraction accompanier enrolled in school, whichever occurs fire	n session. The parent or guardict actually occurs. principal of the school of the nur ying this contract.		
Elementary School [District	Chair, Boa	ard of Truste	es			Date	
High School District Roy K-12 Schools		Chair, Boa	ard of Truste	es			Date	
			l attes	t that the above	information is true and correct.			
Signature - Parent or	Guardian					Date		

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

Contract #

PO B	ox 202501 na, MT 59620				School Year 2005- 200 ie to School Clerk Jun	-			
Elementary District Res			Contract		County		Legal Entity		
History Colored and ACC	- Lin December 1	the Constitution	and the Oast	les et	01		1 1 5 . 12		
High School or K-12 Di	·	ole for Reimbu	rsing the Cont	tract	County		Legal Entity		
Roy K-12 School			al lettere a tree	-10	Fergus		0280		
Is this contract share □ yes □ no		-	-	OI?					
Are you applying for (If yes, please attach ISOLATION: Section 2	n explanation)	1	□ No	mbursement	Student Name	School	Grade		
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate of the contract of the	o receive oproved by the	Student Name	School	Grade		
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval HS District Approval	□ yes		itials		Student Name	School	Grade		
County Approval	□ yes	□ no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian	Name: (Pleas	e Print)				Only	Only Both Semesters		
Dean Welch Physical Address (st	reet address	only):			Pre-kindergarten/	Kindergarten Only □ 2nd Semester C	Only ☐ Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Leader Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 9.5 to nearest bu HS 4 ne-way only	us stop, if an	y (one way)	is contract. 9-12 Total	Kindergarten ch by this contract: To or from Bus Si To or from School Kindergarten ch To or from Bus Si To or from School Deadlines: PARENTS: Due CLERKS: Send files. COUNTY SUPER copy for your files	times per day times per day times per day ild rides without other sc toptimes per day times per day to School Clerk June 1. original to County Supt by c	days per week days per week days per week July 1, retain a copy for your inal to OPI by July 10, retain a RATE PI use only) ermined by		
insured driver will tr 2. In March and June, transported for the late of the l	rs: nsport or provide ansport the stude the District shall p past semester. be computed on the	transportation for nts. Mileage cor nay the parent the ne basis of the so nd of the school of	r the student(s) to atracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportati ipproved in the applica- ned in Section 20-10-1 student(s) is no longer	ter referred to as the Dis or bus stop on the days when so on for the distance reported on the	chool is in session. The parent or gue contract actually occurs. cher or principal of the school of the ecompanying this contract.	number of days the student(s) was		
Elementary School I	District	,	ard of Truste				Date		
High School District Roy K-12 Schools		Chair, Boa	ard of Truste	es			Date		
			I attes	t that the above	information is true and co				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	x 202501 a, MT 59620			S Du	06 e 1		
Elementary District Resp			Contract		County		Legal Entity
High School or K-12 Dis	trict Responsit	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Roy K-12 School	·		3		Fergus		0280
Is this contract shared		ementary an	nd high school	ol?			
□ yes□ noAre you applying for i	solation stat	us? □ Yes	□ No		Student Name	School	Grade
(If yes, please attach ISOLATION: Section 20	0-10-142, MCA	A, provides for			Oldden Name	Consor	Grade
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7.	al circumstand ne county trans	ces must be re sportation com	viewed and apmittee, and the	proved by the	Student Name	School	Grade
Check here only if increa District Trustees and the		sportation Com	nmittee.	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		Ini □ no □ no	itials		Student Name	School	Grade
• •	□ yes	□ no			THIS CONTRACT	T IS FOR:	
	ame. (Pleas	e Plilit)			☐ 1st Semester (Only 2nd Semester O	nly Both Semesters
Gary Keller Physical Address (str	eet address	only):			Pre-kindergarten/ 1st Semester (Kindergarten Only □ 2nd Semester O	nly Both Semesters
Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one Students in Each Grade Lev Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 5 so nearest but HS 5 e-way only	us stop, if any	y (one way)	s contract. 9-12 Total	by this contract: To or from Bus Si To or from School Kindergarten ch To or from Bus Si To or from School Deadlines: PARENTS: Due CLERKS: Send files. COUNTY SUPER copy for your files	times per day, it imes per day, it is school Clerk June 1. Coriginal to County Supt by J	days per week days per week days per week uly 1, retain a copy for your nal to OPI by July 10, retain a RATE PI use only)
insured driver will tra In March and June, the transported for the pa The payment shall be This contract shall te	sport or provide the stude in sport the stude in e District shall past semester. It is computed on the rminate at the er	transportation for nts. Mileage con aay the parent the ne basis of the so nd of the school y	r the student(s) to atracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as the Dis or bus stop on the days when so on for the distance reported on the	chool is in session. The parent or gua the contract actually occurs. cher or principal of the school of the in- ecompanying this contract.	number of days the student(s) was
Elementary School D High School District	ISTRICT	,	ard of Truste ard of Truste				Date
Roy K-12 Schools		Oriali, Dua			in formación de de		Date
Signature - Parent or G	Guardian		I attes	t that the above	information is true and co	Date	
-							

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	tract	County		Legal Entity
Roy K-12 School	ols				Fergus		0280
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?			
Are you applying for (If yes, please attact	n explanation))	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	nstances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	□ yes	lni □ no	itials		Student Name	School	Grade
	□ yes	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Jill Knerr Physical Address (st	treet address	only):			Pre-kindergarten/Kinder □ 1st Semester Only		✓ □ Poth Competers
(2)		,			KINDERGARTEN/PRE		y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 15 to nearest bu HS 3.1	·			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,es without other schotimes per day, _	days per week days per week days per week ol-age students: days per week days per week days per week
☐ Contract is for or Students in Each Grade Le	, ,	the students to b	be covered by thi	is contract.	Deadlines:		
	Pre-K	K	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send origina files.	I to County Supt by July	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTEI copy for your files.	NDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						EIMBURSEMENT RA	\TF
Correspondence						trict, county and OPI	
Reg. Contingency					Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
	.,						
Agreement between	parent (parei	nt name)		0	, and school district (dist	/	,
insured driver will tr 2. In March and June, transported for the	Insport or provide the stude the District shall past semester.	nts. Mileage con pay the parent the	the student(s) to tracts are valid of e sum officially a	o and from the schoo only when transportat approved in the applic	fter referred to as the District(s) I or bus stop on the days when school is in ion for the distance reported on the contra ation upon certification by the teacher or pure the contract of t	n session. The parent or guard ct actually occurs. rincipal of the school of the nur	
	terminate at the er	nd of the school y		student(s) is no long	er enrolled in school, whichever occurs fin		Date
High School District Roy K-12 Schools		Chair, Boa	ard of Truste	es			Date
. 10, 11 12 00110013			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsil	ole for Reimbu	rsing the Conf	tract	County		Legal Entity
Roy K-12 School	ols				Fergus		0280
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attac	h explanation))	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circum increased rates, individual trustees of the district,	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the mittee, and the mittee, and the mittee, and the mittee.	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.) Check here only if incredistrict Trustees and the	eased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade
	□ yes	□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Kristi Knerr Physical Address (s	treet address	only).			Pre-kindergarten/Kinde		Della Ocasionatana
1 Hysical Address (s	arcet address	Omy).			□ 1st Semester Only KINDERGARTEN/PRE	·	y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or	HS 5.5 e to nearest bu HS 3.1				by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,es without other schooltimes per day,	days per week days per week days per week ol-age students: days per week days per week days per week
Students in Each Grade Le	, ,	the students to b	e covered by th	is contract.	Deadlines:		
	Pre-K	K	1-8	9-12	PARENTS: Due to Sch		
Decules Trees	Total	Total	Total	Total	CLERKS: Send origination files.	ll to County Supt by July	/ 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTER copy for your files.	NDENTS: Send origina	I to OPI by July 10, retain a
Room & Board					RI	EIMBURSEMENT RA	
Correspondence					(For dis	trict, county and OPI	use only)
Reg. Contingency					Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.						,	
Agreement between	n parent (pare	nt name)			, and school district (dis	rict name)	
insured driver will t 2. In March and June transported for the 3. The payment shall	ansport or provide ransport the stude , the District shall past semester. be computed on the	nts. Mileage con pay the parent the	the student(s) to stracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat approved in the applic ned in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is i ion for the distance reported on the contration upon certification by the teacher or put 142, MCA, and the information accompaner enrolled in school, whichever occurs fire	n session. The parent or guardict actually occurs. principal of the school of the nur ying this contract.	
Elementary School		Chair, Boa	ard of Truste	es			Date
High School District Roy K-12 Schools		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620				School Year 2009 se to School Cler				
Elementary District Res	ponsible for Re	imbursing the C	Contract		Count	у	·	Legal Entity	
Denton Elem High School or K-12 Dis	strict Responsit	ole for Reimburs	ing the Con	ract	Ferg Count			0281 Legal Entity	
Denton H S					Ferg	jus		0282	
Is this contract share □ yes □ no	ed between el	ementary and	high scho	ol?					
Are you applying for (If yes, please attach	explanation)		□ No		Student Na	ime	School	Grade	
ISOLATION: Section 2 rates for special circum- increased rates, individual trustees of the district, the Public Instruction. (10.7)	stances of isola ual circumstand he county trans	tion of residenc es must be revi portation comm	e. In order t ewed and ap littee, and th	o receive oproved by the	Student Na	ime	School	Grade	
Check here only if incre District Trustees and the	ased payment	due to isolation	has been ap	proved by the	Student Na	ime	School	Grade	
Elem District Approval	□ yes	Initia □ no			Student Na	ime	School	Grade	
HS District Approval County Approval	•	□ no □ no				TRACT IS FO	DR:		
Parent or Guardian N	Name: (Pleas	e Print)			Grades 1-1 ☐ 1st Sem		□ 2nd Semester Or	nly Both Semesters	
William Leininge					Pre-kinder	garten/Kinder	garten		
Physical Address (st	reet address	only):						nly Both Semesters	
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on	HS 20 to nearest bu HS 12				Kindergard by this con To or from To or from Kindergard	ten child ride ntract: Bus Stop School ten child ride	times per day, times per day, s without other sch	days per week days per week ool-age students: days per week days per week days per week days per week	
Students in Each Grade Le	vel - Only include	the students to be	covered by th	is contract.	Deadline		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS:			uly 1, retain a copy for your	
Regular Trans					files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain				
Spec. Ed. Trans					copy for yo	ur files.			
Room & Board						RE	IMBURSEMENT Rict, county and OP		
Correspondence									
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	mined by	
		<u>, </u>							
Agreement between	parent (parei	nt name)		1	, and school	ol district (distr	rict name)	,,,,,,,,,,,,,,,,,,,,,,,	
insured driver will trace. In March and June, transported for the payment shall be traced to	nsport or provide to ansport the studer the District shall poast semester. to computed on the	nts. Mileage contra ay the parent the s ie basis of the sch	ne student(s) to acts are valid of sum officially a	o and from the school only when transportati pproved in the applicated in Section 20-10-1	on for the distance repor	when school is in ted on the contrac y the teacher or pro- nation accompany	et actually occurs. incipal of the school of the n ing this contract.	rdian assures that a licensed and umber of days the student(s) was	
Elementary School Denton Elem	District	Chair, Boar	d of Truste	es				Date	
High School District Denton H S	Chair, Boar	d of Truste	es				Date		
			I attes	t that the above	information is true	and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 a, MT 59620			S Du					
Elementary District Res			Contract		County			Legal Entity	_
								15.00	
High School or K-12 Di	·	ole for Reimbu	irsing the Conf	tract	County			Legal Entity	
Winifred K-12 So				10	Fergu	S		0291	
Is this contract share ☐ yes ☐ no		•	Ü	ol?					
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation))	□ No	mbursement	Student Nam	е	School	Grade	;
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate in the contract of the	o receive oproved by the	Student Nam	e	School	Grade	-
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	pproved by the	Student Nam	е	School	Grade	<u>;</u>
Elem District Approval HS District Approval		Ini □ no □ no	itials		Student Name School Grade				-
County Approval	□ yes	□ no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian I	Name: (Pleas	e Print)					□ 2nd Semester Onl	y Both Semesters	
Annette Bold Physical Address (st	reet address	only):			Pre-kindergai □ 1st Semes		arten □ 2nd Semester Onl	y □ Both Semesters	
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Lee Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 10 to nearest bu HS 5.5 ne-way only	us stop, if an	y (one way)	is contract. 9-12 Total	Kindergarter by this contr To or from Bu To or from Bu To or from Bu To or from So To or from So Deadlines PARENTS: 16 CLERKS: Se files.	n child ride ract: us Stop chool n child ride us Stop chool Due to Scho end original PERINTEN files. RE (For distr	times per day, _ times per day, _ times per day, _ s without other scho times per day, _ times per day, _ times per day, _ tol Clerk June 1.	days per week da	
insured driver will tr 2. In March and June, transported for the payment shall I 4. This contract shall I	s: nsport or provide ansport the stude the District shall p aast semester. be computed on the	transportation for nts. Mileage cor pay the parent the ne basis of the so nd of the school of	r the student(s) to atracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportati approved in the applica- ned in Section 20-10-1 a student(s) is no longer	on for the distance reported	e District(s). nen school is in d on the contract ne teacher or pr ion accompanyi	session. The parent or guard t actually occurs. ncipal of the school of the nu ng this contract.	lian assures that a licensed and mber of days the student(s) was	.,
Elementary School [District	Chair, Boa	ard of Truste	es				Date	
High School District Winifred K-12 School	ols	Chair, Boa	ard of Truste	es				Date	
			l attes	t that the above	information is true ar	nd correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Conf	tract	County		Legal Entity
Winifred K-12 S	chools				Fergus		0291
Is this contract share ☐ yes ☐ no	ed between e	lementary an	d high scho	ol?			
Are you applying for (If yes, please attack	h explanation)	□ No		Student Name	School	Grade
rates for special circum increased rates, individurustees of the district, Public Instruction. (10.)	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the mittee, and the mittee, and the mittee, and the mittee.	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade
	□ yes	□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Dan Boyce Physical Address (s	treet address	only):			Pre-kindergarten/Kinde □ 1st Semester Only		y □ Both Semesters
,		3,			KINDERGARTEN/PRE	·	y Doin Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 18 to nearest bu HS 9.5	,			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,es without other schooltimes per day,	days per week days per week days per week ol-age students: days per week days per week days per week
☐ Contract is for or Students in Each Grade Le	, ,	the students to b	e covered by th	is contract.	Deadlines:		
	Pre-K	K	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send origina files.	I to County Supt by July	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTER copy for your files.	NDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						EIMBURSEMENT RA	ATF
Correspondence						trict, county and OPI	
Reg. Contingency					Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.							
Agreement between	n parent (pare	nt name)			, and school district (dis	rict name)	
insured driver will to 2. In March and June, transported for the 3. The payment shall	ansport or provide ransport the stude , the District shall p past semester. be computed on the	nts. Mileage con pay the parent the	the student(s) to tracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat approved in the applic and in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is i ion for the distance reported on the contration upon certification by the teacher or pure the contration accompanies of the contration a	n session. The parent or guardict actually occurs. principal of the school of the nur ying this contract.	
Elementary School	District	Chair, Boa	ard of Truste	es			Date
High School District Winifred K-12 School		Chair, Boa	ard of Truste	es			Date
			l attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 Di	istrict Responsil	ole for Reimbu	rsing the Conf	tract	County		Legal Entity
Winifred K-12 S	chools				Fergus		0291
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attack	h explanation)	1	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	nstances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	ice. In order to viewed and appoint and the mittee, and the contraction in the contractio	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	□ yes	lni □ no	tials		Student Name	School	Grade
	□ yes	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Karla Knox Physical Address (st	treet address	only):			Pre-kindergarten/Kinder □ 1st Semester Only		/ □ Both Semesters
		3,			KINDERGARTEN/PRE		Dotti Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 24 to nearest bu HS 6	·			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,es without other schooltimes per day,	days per week days per week days per week ol-age students: days per week days per week days per week days per week
☐ Contract is for or Students in Each Grade Le	, ,	the students to b	e covered by th	is contract.	Deadlines:		
	Pre-K	К	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send origina files.	ll to County Supt by July	/ 1, retain a copy for your
Regular Trans						NDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		ATE .
Room & Board Correspondence						EIMBURSEMENT RA trict, county and OPI	
Reg. Contingency					Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
A		-4 >					
Agreement between	r parent (pare	nt name)		County haraina	, and school district (district referred to as the District(s)	,	······································
insured driver will tr 2. In March and June, transported for the	Insport or provide ransport the stude the District shall past semester.	nts. Mileage con pay the parent the	the student(s) to tracts are valid of e sum officially a	o and from the school only when transportati approved in the applica	I or bus stop on the days when school is in ion for the distance reported on the contra ation upon certification by the teacher or partial. 142, MCA, and the information accompan	n session. The parent or guardict actually occurs. orincipal of the school of the nur	
	terminate at the er	nd of the school y		student(s) is no longe	er enrolled in school, whichever occurs fir		Date
High School District Winifred K-12 School		Chair, Boa	ard of Truste	es			Date
7711111CG TC-12 GG110C	J.J		I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County	-	Legal Entity
High School or K-12 Di	strict Responsi	ole for Reimbu	rsing the Conf	ract	County		Legal Entity
Winifred K-12 S	chools				Fergus		0291
Is this contract share ☐ yes ☐ no	ed between e	ementary an	d high scho	ol?			
Are you applying for (If yes, please attacl	n explanation)	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.)	nstances of isola lual circumstand the county trans	ation of resident ces must be re- sportation com-	ce. In order to viewed and apmittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade
HS District Approval County Approval	□ yes	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Mauri Elness Physical Address (s	treet address	only):			Pre-kindergarten/Kinder □ 1st Semester Only		/ □ Both Semesters
,		- ,,			KINDERGARTEN/PRE		Dotti Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 26 to nearest bu HS 5	·			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,es without other schooltimes per day,	days per week days per week days per week ol-age students: days per week days per week days per week days per week
☐ Contract is for or Students in Each Grade Le	, ,	the students to b	e covered by th	is contract.	Deadlines:		
	Pre-K	К	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send origina files.	I to County Supt by July	/ 1, retain a copy for your
Regular Trans						NDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans Room & Board					copy for your files.	EIMBURSEMENT RA	ATE .
Correspondence						trict, county and OPI	
Reg. Contingency					Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
		1					
Agreement between	parent (pare	nt name)		O	, and school district (dist	/	······································
insured driver will to 2. In March and June, transported for the	nsport or provide ransport the stude the District shall p past semester.	nts. Mileage con pay the parent the	the student(s) to tracts are valid of e sum officially a	o and from the school only when transportati pproved in the applica	fter referred to as the District(s) I or bus stop on the days when school is it ion for the distance reported on the contra ation upon certification by the teacher or p 142, MCA, and the information accompan	n session. The parent or guard ct actually occurs. rincipal of the school of the nur	
	terminate at the er	nd of the school y		student(s) is no longe	er enrolled in school, whichever occurs fir		Date
High School District Winifred K-12 School		Chair, Boa	rd of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620			S Di						
Elementary District Res	sponsible for Re	eimbursing the	Contract		County	County				
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Conf	tract	County		Legal Entity			
Winifred K-12 S	chools				Fergus		0291			
Is this contract share ☐ yes ☐ no	ed between e	lementary an	d high scho	ol?						
Are you applying for (If yes, please attack	h explanation)	□ No		Student Name	School	Grade			
rates for special circum increased rates, individurustees of the district, Public Instruction. (10.)	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	nce. In order to viewed and appoint and the mittee, and the mittee, and the mittee, and the mittee, and the mittee.	o receive oproved by the	Student Name	School	Grade			
Check here only if incre District Trustees and th	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade			
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade			
HS District Approval County Approval	□ yes	□ no □ no			THIS CONTRACT IS FOR:					
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Mike Schmitt Physical Address (s	treet address	only):			Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters					
,					KINDERGARTEN/PRE	·	y Bour comesters			
Distance from home Elementary 0 Distance from home Elementary 0	HS 5.3				Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week					
☐ Contract is for or	, ,	the etudente to be	a accorded by the	in contract	Deadlines:	unico per day, _	days per week			
Students in Each Grade Le	Students in Each Grade Level - Only include the students to be covered by this contract.					ool Clerk June 1.				
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	l to County Supt by July	y 1, retain a copy for your			
Regular Trans						NDENTS: Send origina	I to OPI by July 10, retain a			
Spec. Ed. Trans					copy for your files.					
Room & Board Correspondence						EIMBURSEMENT RA trict, county and OPI				
Reg. Contingency					Reimb	ursement rate is determ	nined by			
Spec. Ed. Contin.						20-10-142, MCA.	,			
Agreement between	parent (pare	nt name)			, and school district (dis	rict name)	,			
insured driver will to 2. In March and June, transported for the 3. The payment shall	ansport or provide ransport the stude , the District shall p past semester. be computed on the	nts. Mileage con pay the parent the	the student(s) to tracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat approved in the applic and in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is i ion for the distance reported on the contra ation upon certification by the teacher or pure the stop of the contral to th	n session. The parent or guardict actually occurs. principal of the school of the nur ying this contract.				
Elementary School		end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Chair, Board of Trustees Date								
High School District Winifred K-12 School		Chair, Board of Trustees Date								
			I attes	t that the above	information is true and correct.					
Signature - Parent or	Guardian	·				Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	eimbursing the	: Contract			County	I	Legal Entity
Ayers Elem						Fergus		1218
High School or K-12 District Responsible for Reimbursing the Contract						County		Legal Entity
Is this contract shar ☐ yes ☐ no	red between e	lementary ar	nd high scho	ol?				
Are you applying for isolation status? ☐ Yes ☐ No						dent Name	School	Grade
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement								
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of						dent Name	School	Grade
Check here only if incr	Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						School	Grade
	-	. In	itials		Stud	dent Name	School	Grade
HS District Approval								Ciddo
County Approval Parent or Guardian		□ no			Gra	<u>S CONTRACT IS FO</u> des 1-12	<u>)K:</u>	
	rvaine. (i leas	or mit)			□ 1	st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
Frank Stahl Physical Address (s	treet address	ouly).				-kindergarten/Kinder		
, 6.66. 7.66. 66		J,).				•	□ 2nd Semester Only	√ □ Both Semesters
Distance from home to nearest school (one way) Elementary 9 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract.					Kind by the Took Kind Took Took	his contract: or from Bus Stop or from School dergarten child ride	times per day,times per day,times per day,tes without other school times per day,times per day,times per day,	days per week days per week bl-age students: days per week
	Pre-K	K	1-8	9-12 Table				
	Total	Total	Total	Total	files	-	I to County Supt by July	/ 1, retain a copy for your
Regular Trans Spec. Ed. Trans						UNTY SUPERINTEN y for your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board					000		EIMBURSEMENT RA	ATE .
							rict, county and OPI	
Correspondence								
Reg. Contingency						Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	n narent (nare	nt name)			and	d school district (dist	rict name)	
	r paront (paro							,
(county name) The parties agree as follow		transportation fo		•		I to as the District(s).		an assures that a licensed and
insured driver will t	ransport the stude	nts. Mileage cor	ntracts are valid	only when transportation	on for the dista	nce reported on the contra	ct actually occurs.	nber of days the student(s) was
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the s	chedule establis	hed in Section 20-10-1	42, MCA, and	the information accompany	ving this contract.	(·,
4. This contract shall Elementary School			year or when the ard of Truste		er enrolled in so	chool, whichever occurs firs	st.	Date
Ayers Elem High School District								
riigii School District	·	Chair, Bu	ard of Trustees Date					
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501	Due to School Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u> </u>	Legal Entity
Ayers Elem	m					Fergus	1218	
High School or K-12 District Responsible for Reimbursing the Contract						County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for isolation status? ☐ Yes ☐ No (If yes, please attach explanation)						dent Name	School	Grade
ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						dent Name	School	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.					Stud	dent Name	School	Grade
Elem District Approval yes no					Stud	dent Name	School	Grade
County Approval	□ yes	no			THIS CONTRACT IS FOR: Grades 1-12			
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Both Semesters
Robert Stahl						kindergarten/Kinder		
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	2nd Semester On	lly Both Semesters
Distance from home Elementary 9 Distance from home Elementary 0 Contract is for o Students in Each Grade Lease Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	Kind by the Total Kind Total Total Total PAR CLE files	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original y for your files. RENTS: RENTENTEN Y for dist	times per day,	days per week days per week 1 1 1, retain a copy for your al to OPI by July 10, retain a CATE I use only)
Agreement between parent (parent name)								
I attest that the above information is true and correct.								
Signature - Parent or	Guardian						Date	